



Norfolk Community Services Board

INSTRUCTIONS

Enter information into each field, using the Tab key to move to subsequent fields. When completed, **print** the completed application form. **Review and make any corrections prior to closing the form as field entries are not saved.** Submit the completed form via fax to our Human Resources Administrative Assistant, Tena Branstetter at (757) 441-5301. You may provide additional information along with your fax.

248 W. Bute Street
Norfolk, VA 23510-1404
Job Line (757) 441 -1100
Office (757) 441-5300, FAX (757) 441-5301
Internet: <http://www.norfolkcsb.org>

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____

Position Applied For _____ Position # _____

Name _____ Social Security # _____
Last First Middle

Address _____
Number/Street City State Zip Code

Home Phone _____ Work Phone _____

GENERAL BACKGROUND INFORMATION

	Yes	No
Does the Norfolk Community Services Board currently employ you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed by the Norfolk Community Services Board? If yes, please give dates of employment: From: _____ To: _____ Position Held: _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any relatives currently employed by the Norfolk Community Services Board? If yes, please give name, relationship, department and position:	<input type="checkbox"/>	<input type="checkbox"/>
Are you a citizen of the United States?	<input type="checkbox"/>	<input type="checkbox"/>
If no, do you have the legal right to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any pending criminal charges against you? If yes, Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> (including driving-related misdemeanors such as driving under the influence, reckless driving and driving on a suspended license) Please explain and give city, state, and dates:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been convicted of a misdemeanor (including driving-related misdemeanors such as driving under the influence, reckless driving and driving on a suspended license) or felony? If yes, please explain and give city, state, and dates:	<input type="checkbox"/>	<input type="checkbox"/>

EDUCATIONAL BACKGROUND

Indicate Highest Level Completed:		Elementary/Secondary:		College:	Graduate School:
Name of College/University, or Vocational or Tech. School	Location	Hours Completed	Degree Earned	Major or Specialty	Dates Attended

LICENSES AND CERTIFICATIONS

License/Certification	State	Expiration
Indicate type of Driver's License: Standard <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Class		
List any licenses/certifications or other authorization you possess to practice a trade or profession (CPA, CPR, LCSW, Lifeguard training, WSI, PE, etc.) including state and expiration date:		

COMPUTER SKILLS

Indicate Computer Skills: Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> Typing Speed _____ WPM
List any additional software experience:

EMPLOYMENT AND VOLUNTEER EXPERIENCE

The Application for Employment and any Supplementary Experience Form(s) must be completed. A resume may be attached. Starting with your most recent position, describe all paid, military, and applicable volunteer experience. Describe those duties and responsibilities that best demonstrate your qualifications for this position. Please indicate number of attachments: _____

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	Type of Business:
Dates of Employment - From: _____ To: _____	Hours/Week: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Reason for Leaving:	Volunteer <input type="checkbox"/>
Job Duties:	

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	Type of Business:
Dates of Employment - From: _____ To: _____	Hours/Week: _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Reason for Leaving:	Volunteer <input type="checkbox"/>
Job Duties:	

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	Type of Business:
Dates of Employment - From: To:	Hours/Week: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Reason for Leaving:	Volunteer <input type="checkbox"/>
Job Duties:	

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	Type of Business:
Dates of Employment - From: To:	Hours/Week: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Reason for Leaving:	Volunteer <input type="checkbox"/>
Job Duties:	

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	Type of Business:
Dates of Employment - From: To:	Hours/Week: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Reason for Leaving:	Volunteer <input type="checkbox"/>
Job Duties:	

Job Title:	Immediate Supervisor:
Employer:	Address:
Phone:	Type of Business:
Dates of Employment - From: To:	Hours/Week: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Reason for Leaving:	Volunteer <input type="checkbox"/>
Job Duties:	

PRIVACY ACT NOTICE

All or part of your completed employment forms may be disclosed outside the Department of Human Resources to:

1. Agencies, upon request, for a list of eligibles to consider for employment, reinstatement, transfer, promotion or demotion.
2. Agency investigators to determine your suitability for employment.
3. Federal, State, or local agencies, to create other personnel records, after the Norfolk Community Services Board has employed you.
4. Appropriate Federal, State, or local law enforcement agencies charged with the responsibility of investigating a violation of the law.
5. A requesting Federal, State, or local agency to the extent the information is relevant to the requesting agency's decision.
6. Anyone requesting statistical information (without your personal identification) and for statistical reporting within the confines of the Norfolk Community Services Board.
7. Persons, firms or agencies asserting claims or suits against the City, to public agencies conducting investigations into City operations, and to Courts, when required by law.

CERTIFICATION

I certify that the information supplied by me in this application is complete and true to the best of my knowledge. I understand any misstatement or omission of material facts shall cause forfeiture on my part of all rights to any consideration for employment, or continued employment, transfer, or promotion in the service of the Norfolk Community Services Board. I will notify the Department of Human Resources of any change of address and further understand that failure to do so will result in my name being removed from further consideration. Any information regarding former or current employment with the Norfolk Community Services Board may be released to necessary individuals for the sole purpose of determining my eligibility for reemployment, transfer, or promotion. Permission is granted to contact my present and previous employers for information concerning my employment history. I also understand that I may be required to furnish names of character references.

I certify that I have read (or had read to me) the class specifications and posted requirements for this position, and that I am fully capable of performing all the essential functions of the position with ☐ without ☐ any reasonable accommodation.

If you will need one or more reasonable accommodation(s) in order to perform the essential functions of the position, please list and explain all necessary accommodations:

Signature (may be provided at a later date) _____ Date _____

An Applicant Information form should accompany this application. If you did not receive this form, please contact our Human Resources office at 441-5300.



Norfolk CSB

The Norfolk Community Services Board complies with EEO/ADA guidelines and is a drug-free workplace.